

## **Application Data Sheet**

### **Application Information**

Application number:  
Filing Date: February 12, 2004  
Application Type: Regular  
Subject Matter: Utility  
Suggested classification:  
Suggested Group Art Unit:  
CD-ROM or CD-R? None  
Number of CD disks:  
Number of copies of CDs:  
Sequence submission?  
Computer Readable Form (CRF)?  
Number of copies of CRF:  
Title: EYEWEAR WITH REPLACEABLE LENS  
Attorney Docket Number: 005127.87540  
Request for Early Publication? NO  
Request for Non-Publication? NO  
Suggested Drawing Figure: 1  
Total Drawing Sheets: 4  
Small Entity? NO  
Latin name:  
Variety denomination name:  
Petition included? NO  
Petition Type:  
Licensed US Govt. Agency:  
Contract or Grant Numbers:  
Secrecy Order in Parent Appl.? NO  
Applicant Authority Type: Inventor  
Primary Citizenship Country:

Status: Full Capacity  
Given Name: Dylan S.

Family Name: VAN ATTA  
Name Suffix:

City of Residence: Portland  
State or Province of Residence: OREGON

Country of Residence:  
Street of mailing address: 1040 NW 10<sup>th</sup> Avenue, #438

City of mailing address: Portland  
State or Province of mailing address: OREGON

Country of mailing address:  
Postal or Zip Code of mailing address: 97209

Applicant Authority Type: Inventor  
Primary Citizenship Country:

Status: Full Capacity  
Given Name: Robert

Family Name: BARNETTE  
Name Suffix:

City of Residence: Portland  
State or Province of Residence: OREGON

Country of Residence:  
Street of mailing address: 4814 S.E. Harrison Street

City of mailing address: Portland  
State or Province of mailing address: OREGON

Country of mailing address:  
Postal or Zip Code of mailing address: 97215

Applicant Authority Type: Inventor  
Primary Citizenship Country:

Status: Full Capacity

Given Name: Robert

Family Name: BRUCE

Name Suffix:

City of Residence: Portland

State or Province of Residence: OREGON

Country of Residence:

Street of mailing address: 4814 S.E. Harrison Street

City of mailing address: Portland

State or Province of mailing address: OREGON

Country of mailing address:

Postal or Zip Code of mailing address: 97215

Applicant Authority Type: Inventor

Primary Citizenship Country:

Status: Full Capacity

Given Name: Mark J.

Family Name: EASTWOOD

Name Suffix:

City of Residence: Kentfield

State or Province of Residence: CALIFORNIA

Country of Residence:

Street of mailing address: 4 Greenwood Way

City of mailing address: Kentfield

State or Province of mailing address: CALIFORNIA

Country of mailing address:

Postal or Zip Code of mailing address: 94904

### **Correspondence Information**

Correspondence Customer Number: 22910

## Representative Information

Representative Customer Number: 22910

## Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

## Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:

## Assignee Information

Assignee name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address: